

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Vadadustat (Vafseo)

Notes:

- Quantity Limits: Yes
- ^ Adequate trial is defined per below
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Initiation (new start) criteria, Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously, Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously, Continued use criteria for patients previously approved per the above criteria who are currently stable on the medication: Non-formulary **Vadadustat (Vafseo)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Member is at least 18 years of age; AND
- Medication must be prescribed by a nephrologist;
- Patient has been receiving dialysis for at least 3 months (Vafseo); AND
- Patient is not receiving treatment with any other erythropoiesis stimulating agents*; AND
- Member has tried and failed or is intolerant to an erythropoiesis stimulating agent (ESA) for at least 4 weeks

*Examples of erythropoiesis-stimulating agents include epoetin alfa products (Procrit, Epogen, Retacrit intravenous or subcutaneous injection), Aranesp (darbepoetin alfa intravenous or subcutaneous injection), and Mircera (methoxy polyethylene glycol-epoetin beta intravenous or subcutaneous injection)

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